

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE
PM 5:16
2008 MAY 20 AM 11:21

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Robert E. Howard

IMPORTANT: Indicate by # type of committee you are reporting for: 1
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Robert E. Howard

Political Party (if applicable)
Republican

Office Sought
Iowa House

District (if Senate or House)
80

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

1718

Logged In

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Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Joseph A. Howard
SIGNATURE OF PERSON FILING REPORT

563-244-4677
TELEPHONE

5-15-08
DATE SIGNED

I AM FILING A January 1 to May 14, 2008

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 5,268.46

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5,020.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 10,288.46

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

4,158.90

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 6,129.56

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 1,152.38

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Robert E. Howard

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1-9-08	ID# CK#	Connie J. Miller 2504 Bayfield Rd Muscatine, Ia 52761		\$100.00	<input type="checkbox"/>
1-9-08	ID# CK#	Gloria Cory 266 Paseo Margeverita Vista, CA. 92084	1st Cousin	50.00	<input type="checkbox"/>
1-24-08	ID# CK#	Mark Hansen 1887 N Issett Ave Muscatine, IA 52761		50.00	<input type="checkbox"/>
2-11-08	ID# CK#	Roberta Eichelberger 1944 215th St Muscatine, IA 52761		25.00	<input type="checkbox"/>
2-11-08	ID# CK#	Lois Laeser 907 Iowa Ave Muscatine, IA 52761		100.00	<input type="checkbox"/>
2-11-08	ID# CK#	Jeanita McNulty 7016 124th St Blue Grass, IA 52726		25.00	<input type="checkbox"/>
2-11-08	ID# CK#	Mark E. Mather 2682 Tom Sawyer Rd Muscatine, IA 52761		100.00	<input type="checkbox"/>
2-12-08	ID# CK#	Larry D. Pitzer 3310 Mulberry Ave Muscatine, IA 52761		25.00	<input type="checkbox"/>
2-12-08	ID# CK#	Peggy Heither 2228 Fareway Dr Muscatine, IA 52761		25.00	<input type="checkbox"/>
2-12-08	ID# CK#	David Meloy 107 Spruce St Muscatine, IA 52761		25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 525.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

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2-12-08	ID# CK#	Mrs. Daniel Ford 3327 Mulberry Ave Muscatine, IA 52761		\$25.00	<input type="checkbox"/>
2-12-08	ID# CK#	Dr. J. P. Stein 2975 Hwy 22 Muscatine, IA 52761		200.00	<input type="checkbox"/>
2-20-08	ID# CK#	Michael Miller 217 W. 3rd St Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
2-20-08	ID# CK#	Terry Mitchell 2116 Fareway Dr Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
2-25-08	ID# CK#	Wesley C. Walker 1814 Green Acres Dr Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
2-25-08	ID# CK#	J. H. Kent 2507 Mulberry Ave Muscatine, IA 52761		1000.00	<input checked="" type="checkbox"/>
3-10-08	ID# CK#	Judy A. Noble 3291 200th St Muscatine, IA 52761		100.00	<input checked="" type="checkbox"/>
3-10-08	ID# CK#	Thomas R. Schliesman 2673 Huck Finn Dr Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
3-10-08	ID# CK#	Amy A. Kraushaar 1737 Arbor Oaks Dr Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
3-10-08	ID# CK#	Grace E. King 2485 Mulberry Ave Muscatine, IA 52761		25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1550.00

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Robert E. Howard

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3-10-08	ID# CK#	J. Wm. Mark 105 E 7th St Muscatine, IA 52761		\$50.00	<input checked="" type="checkbox"/>
3-10-08	ID# CK#	M. Jay Steen 1773 115th St West Liberty, IA 52776		50.00	<input checked="" type="checkbox"/>
3-17-08	ID# CK#	Paul J. Stych 1222 Vista Ct #1 Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
3-17-08	ID# CK#	Mrs. Daniel Peterson 3289 150th St Muscatine, IA 52761		50.00	<input type="checkbox"/>
3-17-08	ID# CK#	Jeff Frye 2451 Wood Lily Ridge Muscatine, IA 52761		100.00	<input checked="" type="checkbox"/>
3-17-08	ID# CK#	Robert H. Bahn 2805 Termini Dr Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
3-17-08	ID# CK#	James F. Hahn 900 W 4th St Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
3-17-08	ID# CK#	Dorothy Drake 3009 Provence St Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
3-18-08	ID# CK#	Cecil Vandygriff 3279 Hwy 22 Muscatine, IA 52761		100.00	<input type="checkbox"/>
3-18-08	ID# CK#	Dennis E. Froelich 2911 Mulberry Ave Muscatine, IA 52761		75.00	<input type="checkbox"/>

SUB-TOTAL

\$ 600.00

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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3-18-08	ID# CK#	Michael Gaeta 5520 Reynolds Ave Muscatine, IA 52761		\$25.00	<input type="checkbox"/>
3-21-08	ID# CK#	Diane J. Riggan 2144 Hwy 61 S Muscatine, IA 52761		200.00	<input type="checkbox"/>
3-21-08	ID# CK#	Gary L. Carlson 104 Deerpath Ln Muscatine, IA 52761		50.00	<input type="checkbox"/>
3-31-08	ID# CK#	Carl W. Sachs 2001 Circle Dr Muscatine, IA 52761		100.00	<input type="checkbox"/>
3-31-08	ID# CK#	Wendi Ingram 2762 Oak Dr Muscatine, IA 52761		25.00	<input type="checkbox"/>
4-3-08	ID# CK#	Marilyn A. Hunn 501 Iowa Ave Muscatine, IA 52761		25.00	<input type="checkbox"/>
4-3-08	ID# CK#	David R. Housley 103 Sterling Woods Ct Muscatine, IA 52761		50.00	<input type="checkbox"/>
4-3-08	ID# CK#	James Crowder P O Box 495 Muscatine, IA 52761		100.00	<input type="checkbox"/>
4-5-08	ID# CK#	Alice Jones 2672 Becky Thatcher Rd Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
4-14-08	ID# CK#	Betty A. Bright 2007 Mulberry Ave Muscatine, IA 52761		150.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 750.00

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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4-14-08	ID# CK#	William M. Parks 301 Iowa Ave Muscatine, IA 52761		\$100.00	<input type="checkbox"/>
4-15-08	ID# CK#	Robert H. Bahn 2805 Termini Dr Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
4-18-08	ID# CK#	Marilyn Wedel 2108 Skylane Dr Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
4-19-08	ID# CK#	John McKee 2104 Fareway Dr Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
4-19-08	ID# CK#	John Axel 208 W. 2nd St Ste 300 Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
4-22-08	ID# CK#	Jeannine Neppce 2704 Iowa Ave Muscatine, IA 52761		100.00	<input checked="" type="checkbox"/>
4-22-08	ID# CK#	Alice M. Ward 822 Sunrise Circle Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
4-23-08	ID# CK#	Thomas R. Sands 134 Orchard Ln Columbus Jct, IA 52738		25.00	<input checked="" type="checkbox"/>
4-23-08	ID# CK#	Diane Morford 403 Maiden Ln Muscatine, IA 52761		25.00	<input type="checkbox"/>
4-25-08	ID# CK#	Mrs. Richard Drake 420 Parkington Dr Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 525.00

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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4/25/08	ID# CK#	Mrs. Marlin Schauland 523 Sunrise Circle Muscatine, IA 52761		\$50.00	<input checked="" type="checkbox"/>
4/25/08	ID# CK#	Carolyn J. Williams 2236 Fareway Dr Unit 105 Muscatine, IA 52761		100.00	<input checked="" type="checkbox"/>
4/25/08	ID# CK#	J. Wm Mark 105 E 7th St Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
4/25/08	ID# CK#	John Wojtecki 1906 Mulberry Ave Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
4/25/08	ID# CK#	Michael J. Gaeta 5520 Reynolds Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
4/25/08	ID# CK#	Marvin J. Krieger 2101 Mulberry Ave Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
4/29/08	ID# CK#	Jim & Rita Becker 714 Sunrise Circle Muscatine, IA 52761		20.00	<input checked="" type="checkbox"/>
4/29/08	ID# CK#	Gloria Cory 266 Paseo Marguertia Vista, CA 92084	1st Cousin	50.00	<input type="checkbox"/>
5/7/08	ID# CK#	Bill Trent 312 Eagle Ridge Rd Muscatine, IA 52761		100.00	<input checked="" type="checkbox"/>
5/8/08	ID# CK#	Mary Ann Zogg 2520 Bayfield Rd Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 470.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Robert E. Howard

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5/8/08	ID# CK#	Robert H. Bahn 2805 Termini Dr Muscatine, IA 52761		\$50.00	<input checked="" type="checkbox"/>
5/9/08	ID# CK#	James F. Hahn 900 W 4th St Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
5/9/08	ID# CK#	Loretta B. Mealy 1821 Briarwood LN Muscatine, IA 52761		500.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 600.00	
TOTAL (if last page of this schedule)				\$ 5020.00	

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Page 7 of 7
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Robert E. Howard

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/7/08	ID# CK#	O P Printing 2610 Park Ave Muscatine, IA 52761	Printing of Invitations	\$ 289.13
1/10/08	ID# CK#	John McKee 2124 Fareway Dr Muscatine, IA 52761	Refreshments for Fundraiser	96.57
2/1/08	ID# CK#	U S Postmaster Muscatine, IA 52761	Postage	205.00
2/1/08	ID# CK#	O P Printing 2610 Park Ave Muscatine, IA 52761	Fundraiser Invitations	258.51
3/10/08	ID# CK#	O P Printing 2610 Park Ave Muscatine, IA 52761	Fundraiser Invitations	420.70
3/21/08	ID# CK#	US Postmaster Muscatine, IA 52761	Postage	205.00
4/21/08	ID# CK#	O P Printing 2610 Park Ave Muscatine, IA 52761	Fundraiser Invitations	61.78
4/30/08	ID# CK#	Victory Store 5200 S W 30th St Davenport, IA 52802	Political Signs	1200.00
SUB-TOTAL				\$ 2736.69
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Robert E. Howard

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/7/08	ID# CK#	Cross Oberlie 916 Bird Ave Neenah, WI 54956	500 18x24 Yard Signs	\$ 1422.21
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1422.21
TOTAL (if last page of this schedule)				\$ 4158.90

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Robert E. Howard

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
3/15/08	Randy & Judy Taylor 811 Iowa Ave Muscatine, IA 52761		Food for Fundraiser	\$ 175.00	<input checked="" type="checkbox"/>
4/29/08	Jim & Chris Hetzler 515 W 3rd St Muscatine, IA 52761		Graphic design	750.00	<input type="checkbox"/>
5/5/08	Jerry Coffman 907 Sunrise Circle Muscatine, IA 52761		Food for 4-25-08 Fundraiser	227.38	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 1,152.38	
TOTAL (if last page of this schedule)				\$ 1,152.38	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)